STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

COMMUNITY LIVING EDUCATION RFP APPLICATION

Background Information:

1	Date Information Completed by:					
				and Title		
2	Na	ame of Agency Federal ID/Social Security #:				
	a.	Agency Address				
	b	Billing Address				
	c.	Agency Web Link Yes	☐ No ☐ Web Address	S		
3.						
	a.	If yes, name of parent or	larger organization			
	b.	Address				
	c.	Telephone #	Ext	<u> </u>		
4. Agency Type: (check all that apply)						
		<u> </u>	ate Local mited Liability Corp	For Profit		
	a.	Executive Director Name		Telephone #		_ Ext
	b.	Contact Person Name		Telephone #		_ Ext
	c.	Fax #	E-Mail Address			
	d.	Agency Years of Operation	on Number of Individua	als Served		

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Qualifications:

Agency Operations Section (All questions in this section must be answered):

1.	Summarize your organization's history, mission and goals, provide a description of your current programs and accomplishments, and give a profile of the population served.
2.	List the community agencies, programs and organizations with which your agency currently has an established relationship/affiliation. Describe how these relationships support community service networking, as it relates to this RFP.
3.	Indicate the number of individuals you have provided advocacy and/or educational services for in each of the last 5 years
4.	Related to question three (3), what was the subject matter presented in each of the advocacy/educational sessions your agency provided?
5.	Describe the strategies and processes used in providing advocacy and educational services.
6.	Outside of the direct services provided by your agency, what other community resources would your agency use to support this project? Please be specific.
7.	Describe how your agency will monitor and evaluate its work related to this project, and how it will use that information to improve deliverables.

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Advocacy and Educational Services for Individuals

8.	Describe what methods your agency will employ to provide advocacy and educational services to individuals residing in DCs and returning to New Jersey from out-of-state placements?
9.	How will your agency accommodate individuals who may require support in the areas of communication and/or interaction with your staff?
10.	What sort of activities and/or interaction strategies will your agency employ to ensure participants are engaged during the time you are working with them?
11.	What strategies will your agency use for an individual who has expressed apprehension about community placement?
12.	How will your agency recruit self-advocates (people with disabilities who have moved from a DC to the community) to support and mentor individuals moving out of DCs?
13.	How will self-advocates recruited by your agency be trained to support this project?
<u>Ec</u>	lucational Services for Families, Guardians and Staff
14.	Describe what methods your agency will employ to provide mentoring and educational services to families/guardians of individuals residing in DCs and returning to New Jersey from out-of-state placements?
15.	Describe how your agency will communicate stories in relation to people who have moved from DC to the community to individuals, families, guardians and staff. Provide an example of the content of that communication. Further, how will your agency communicate mentoring/training opportunities to families, guardians and staff?
16.	When interacting with a family/guardian who has expressed they are not in favor of their loved one moving from a DC to community setting, what strategies will you use to encourage them to at least consider the option?
17.	How will your agency facilitate tours of existing group homes in the community for interested families/guardians? Provide detail on how your agency will obtain access to a variety of locations to tour and how the tours would be structured.
18.	When providing trainings to DC staff, how will your agency best relay what supports and services are available in the community without diminishing the services provided in the DC?

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19.). How will your agency recruit Family Mentors (Family members who have a loved one with a disability who has	moved
	from a DC to the community) to support and mentor family members of current DC residents?	

20. How will Family Mentors be trained by your agency to support this project?

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Application completed by:				
	Name	Title		
Date Application Submitted:				
following mandatory docume Assurances and certi	nts: fications included	the Division of Developmental Disabilities is in receipt of the in Attachment A and B. ide independent audit report.		
Deadline for submitting the RFP Application electronically is 5:00 pm on Friday, October 4, 2013.				
Deadline for submitting the p October 4, 2013.	aper documents i	n Attachment A and B is the close of business, 5:00 pm on Friday,		
I certify that I have read all in	formation contain	ed in this application and attest the information is accurate and valid.		
Executive Director Signature		Date		

PLEASE NOTE: This application is subject to public disclosure under the New Jersey Open Public Records Act. <u>Attachment A</u>

Department of Human Services, Division of Developmental Disabilities Statement of Assurances and Certifications

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services, Division of Developmental Disabilities of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidders list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, DDD or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.

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- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) Federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- •. Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34
 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed
 certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Name of Applicant Organization	Signature: Chief Executive Officer or Equivalent
rame or represent organization	
Date	Typed Name and Title

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Attachment B

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- 4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous.
- 8. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
- 9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 10. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

	• • •	submission of this proposal, that neither it nor its principals is clared ineligible, or voluntarily excluded from participation in this
2. prospec	Where the prospective lower tier participant is unab ctive participant shall attach an explanation to this prop	ole to certify to any of the statements in this certification, such osal.
Name a	and Title of Authorized Representative	
	Signature	Date
	ertification is required by the regulations implementing, Section 98.510	g Executive order 12549, Debarment and Suspension, 29 CFR

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